DEBATE. Pros & cons of the Cochrane Investigation approach

Chair: S. Thelander (S)

D01.1
Pro

S. Wessely*. *UK*

No abstract was available at the time of printing.

D01.2
Con

W. Maier*. *Germany*

No abstract was available at the time of printing.

SAL12. Long term management of depression

SAL12
Long term management of depression

E.S. Paykel*. *Department of Psychiatry, University of Cambridge, UK*

This lecture will review long term management of depression, particularly with regard to recent studies. The relapsing and recurrent course of the more severe depressions is now well recognised, although milder disorder in community settings may have a better course. Also well documented is the role of continued antidepressants in preventing relapse, and of longer term maintenance in preventing recurrence. More recent evidence indicates that routine antidepressant continuation should be for at least nine months rather than earlier recommendations for briefer periods, and also that lithium should be continued for several months after its use in augmentation. There is still not full consensus on the indications for and length of long term maintenance. The well documented occurrence of rebound relapse after rapid lithium discontinuation and withdrawal syndromes after abrupt cessation both of tricyclics and of SSRIs strongly suggest that discontinuation after continuation and maintenance should be slow. In the last ten years there has been accumulating evidence from well designed controlled trials that psychological treatments can also reduce relapse and recurrence rates. This is less strong for interpersonal therapy than for cognitive therapy, where a consistent set of trials has now been published. Some of the issues are illustrated by a series of studies undertaken in Cambridge, in which presence of partial remission with residual symptoms indicated a high risk of relapse, relapse was found to occur in spite of adequate medication continuation and maintenance, and in a controlled trial cognitive therapy significantly reduced relapse rates in depressives with residual symptoms.

SES11. AEP Section Epidemiology & Social Psychiatry – Early psychosis and psychosis transitions: epidemiology and intervention

Chairs: J. van Os (NL), H. Verdoux (F)

SES11.1
A differential approach to intervention in early psychosis

M. Hambrecht[1], S. Ruhrmann[1], M. Wagner[2], A. Wieneke[1], A. Bechdolf[1], W. Maier[2], J. Klosterkötter[1]. [1]*Department of Psychiatry, University of Cologne;* [2]*Department of Psychiatry, University of Bonn, Germany*

According to several recent studies psychotic symptoms on average last 1 year and prepsychotic prodromal symptoms several years prior to diagnosis and treatment. The duration of untreated illness in early psychosis was found to be associated with course and outcome of schizophrenia. These findings promoted early detection and early intervention activities worldwide.

While other studies focused on individuals on the edge of psychosis, clinical and ethical considerations favor a differentiation of stages and appropriate interventions during the course of the prodrome. With this background a multi-centre study of the German Schizophrenia Research Network defined two stages, the "early" and the "late" prodrome.

The definition of an early prodromal stage includes either predictive basic symptoms or a combination of declined social functioning plus a genetic or obstetric risk. Subjects in this stage receive a psychological intervention. Subjects in a late prodromal stage experience transient or attenuated psychotic symptoms, and take part in an open label trial with low-dose atypical neuroleptics. We will present preliminary results about the effects of a supportive, problem-solving psychotherapy and about medication on subjective well-being, and severity of symptoms.

SES11.2
The development of the first episode of schizophrenia and depression – a population controlled study

H. Häfner*, K. Mauer. *Central Institute of Mental Health, Mannheim, Germany*

Schizophrenia and depression are closely associated syndromes. The onset of schizophrenia is frequently marked by depressive symptoms. At first admission the lifetime prevalence of an at least two-week episode of depressive mood was 81 % in the first-episode sample of the ABC Schizophrenia Study. Compared with matched population controls, the odds ratios for single depressive symptoms in patients with schizophrenia ranged from 3 to 5. The progress of the first illness episode from onset until first admission will be compared between three samples matched for age and sex: 1) 103 first admissions for schizophrenia (ABC sample), 2) 103 first admissions for depression (ICD-10: F 32, 33, 34.1, 43.2) and 3) controls randomly drawn from the population register. Differences and similarities of symptom accumulation, sequence of symptoms and gradients of change will be discussed and conclusions drawn for both disease concepts.

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